

Bur-Mil Park

Counselor-in-Training (CIT) Application 2010

CIT's Information: *(Please print all information below)*

CIT's name (First/Last): _____ Age: _____ Gender: M or F (Circle One)

Date of Birth: _____ Grade Completed as of June 2010: _____ School: _____

Parent or Guardian Information:

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact: *(someone other than the parent/guardian; will be used if parent/guardian can not be reached)*

Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

CIT Request: *(Check the weeks you are requesting to attend camp as a CIT.)*

Spring Camp March 29-April 1	
June 14-18	
June 21-25	
June 28 - July 2	
July 6-9	
July 12-16	
July 19-23	
July 20-24	
July 26-30	
August 2-6	
August 9-13	
August 16-20	

*After the CIT has attended camp for one week, his/her performance will be evaluated and if performance is at a satisfactory level, the CIT will receive a written invitation to return to camp the following week. The CIT will be evaluated every week he/she attends camp. The CIT **MUST** receive a written **INVITATION** at the end of each week in order to return to camp the following week.

Applicant's Signature

Date

Parent/Guardian Signature

Date